

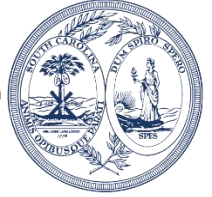


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Executive Director

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**Henry McMaster**  
Governor



## FORMER STUDENT RECORDS REQUEST FORM

IN ORDER TO LOCATE THE STUDENT RECORD, PROVIDE THE FOLLOWING INFORMATION:  
(Required information indicated in bold-face)

**Student's Name While Attending School**

\_\_\_\_\_  
Last (Maiden) First Middle

**Student's Address While Attending School**

\_\_\_\_\_

**Student's Current Address/Email Address**

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Approximate Date of Last Attendance \_\_\_\_\_

Reason for Request \_\_\_\_\_

Signature (needed to process request)\* \_\_\_\_\_

Date \_\_\_\_\_

Contact Phone \_\_\_\_\_

\*When submitting, include a copy of your driver's license (or other government issued ID) to establish your identity.

Please send the records via: US Mail (Current address) ☐ Email ☐ \_\_\_\_\_

- ☐ Transcript of Academic Records/Withdrawal Grades  
☐ GED Information

### SC Department of Juvenile Justice Use Only

Date Request Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Request Completed: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

Requests should be submitted to [transcripts@scdjj.net](mailto:transcripts@scdjj.net) or via fax to (803)896-5953. Please allow 48 hours for processing. Should you need additional assistance, please dial (803)896-5952.